| Major Donor and | | | MAJOR DONOR | AND INDEPENDENT E COMMITTEI | EXPENDITURE E STATEMENT |
|---|---|--|--------------------------|---|----------------------------|
| Independent Expenditure C Campaign Statement (Government Code Sections 84200-84216.5) | or print in ink. | Date Stamp | CALIFORNIA FORM | 461 | |
| ☐ Amendment | Statement covers period | Date of election is applicable. | | 1/3 | |
| | from07/01/2016 | (Month, Day,Year) | | For Official U | se Only |
| SEE INSTRUCTIONS ON REVERSE | through12/31/2016 | 11/08/2016 | | | |
| 1. Name and Address Of Filer | r | 3. Summary | | 1 | |
| NAME OF FILER (Include name(s) of all affiliated entities whose contributions are included in this statement.) FUND FOR POLICY REFORM | | (Amounts may be rounded to who 1. Expenditures and contr (including loans) of \$10 | ibutions 0 or more | ¢ | 5170000 00 |
| MAILING ADDRESS | (NO. AND STREET) | made this period. (Part 5.)\$ 5170 | | 0170000.00 | |
| CITY | STATE ZIP CODE | Unitemized expenditures and contributions (including loans) under \$100 made this period | | | |
| WILMINGTON RESPONSIBLE OFFICER | DE 19809 AREA CODE/DAYTIME PHONE | 3. Total expenditures and | contributions | | 5470000 00 |
| (If filer is other than an individual) | | made this period. (Add | | SUBTOTAL \$ — | 5170000.00 |
| | | 4. Total expenditures and made from prior statem | | | |
| 2. Nature and Interests of File A FILER THAT IS AN INDIVIDUAL MUST LIST OF EMPLOYER OR, IF SELF-EMPLOYED, TH | (Complete each applicable section.) THE NAME, ADDRESS, AND BUSINESS INTERESTS HE NAME, ADDRESS, AND NATURE OF THE BUSINESS | amount from Line 5 of filed. If this is the first | last statement statement | | 070000 00 |
| NAME OF EMPLOYER/BUSINESS | BUSINESS INTERESTS | the calendar year, enter | | \$ — | 970000.00 |
| | | 5. Total expenditures and (including loans) made | | | |
| ADDRESS OF EMPLOYER/BUSINESS | - | January 1 of the curren | t calendar year. | | |
| | | (Add Lines 3 + 4.) | | TOTAL \$ | 6140000.00 |
| A FILER THAT IS A BUSINESS ENTITY MUST | T DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS | 4. Verification | | | |
| _ | | I have used all reasonable reviewed the statement and contained herein is true and | d to the best of my kr | nowledge the inforn | nation |
| A FILER THAT IS AN ASSOCIATION MUST P | ROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS | the laws of the State of Cal | | | |
| A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY | | Executed on | | GNATURE OF INDIVIDUAL DO BLE OFFICER IF OTHER THAI | |
| Promote Social welfare through legis | slation. | | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

| INDEPENDENT EXPENDITURE COMMITTEE AND |
|---------------------------------------|
| MAJOR DONOR COMMITTEE STATEMENT |

| Statement covers period | | CALIFORNIA | 161 | |
|-------------------------|------------|------------|-----|--|
| from | 07/01/2016 | FORM | 461 | |
| through | 12/31/2016 | 2/3 | | |
| unougn . | | | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FUND FOR POLICY REFORM

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made (If more space is needed, use additional copies of this page for continuation sheets.)

DESCRIPTION OF CANDIDATE AND OFFICE, **CUMULATIVE AMOUNT** NAME AND ADDRESS OF PAYEE AMOUNT THIS DATE TYPE OF PAYMENT **PAYMENT** MEASURE AND JURISDICTION, **RELATIVE TO THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (IF OTHER THAN MONETARY OR COMMITTEE CANDIDATE, MEASURE, CONTRIBUTION OR LOAN) OR COMMITTEE 07/07/2016 Contribution Statewide Loan 3940000.00 New York 10019 Non-Monetary Other NY Contribution ID: 1385745 Reference No: NO: 64 Independent 0.00 X Support Oppose Expenditure Fund for Policy Reform Nonprofit 501(c)(4),sponsorate by retund for Policy Reform, Yes on PropMartibhans 7,egaliবৰাভ্যাম, and L and No 1:0977000005000 166,iিওভাগুভে)প্তর্গ marijuana 09/15/2016 Contribution Statewide Loan 3940000.00 Non-Monetary Other New York NY 10019 Contribution ID: 1385745 Reference No: NO. 64 Independent 0.00 X Support Oppose Expenditure Fund for Policy Reform Nonprofit 501(c)(4), sponso Field by the Fund for Policy Reform, Yes on Properties of Properties of the Reform Nonprofit 501(c)(4), sponso Field by the Fund for Policy Reform, Yes on Properties of Properties of the Properti 09/27/2016 66,iନ୍ୟୁମ୍ଫୋଡ଼oYteof marijuana Contribution Statewide 1000000.00 Loan Non-Monetary Other New York 10019 Contribution 57 ID: 1385745 Reference No: NO: Independent 0.00 X Support ☐ Oppose Expenditure Fund for Policy Reform Nonprofit 501(c)(4), sponsored by reand for Policy Reform, Yes on Proposition 8 979, 42, and 64, K, and L and No control of the Policy Reform of Policy Reform, Yes on Proposition 1 and No control of the Policy Reform of Policy Reform, Yes on Proposition 1 and No control of the Policy Reform Nonprofit 501(c)(4), sponsored by retaining the Policy Reform, Yes on Proposition 1 and No control of the Policy Reform Nonprofit 501(c)(4), sponsored by retaining the Policy Reform, Yes on Proposition 1 and No control of the Policy Reform Nonprofit 501(c)(4), sponsored by retaining the Policy Reform, Yes on Proposition 1 and No control of the Policy Reform Nonprofit 501(c)(4), sponsored by retaining the Policy Reform, Yes on Proposition 1 and No control of the Policy Reform Nonprofit 501(c)(4), sponsored by retaining the Policy Reform Nonprofit 501(c)(4), sponsored by Reform Nonprofit 501(c)(4) 09/27/2016 66,iନ୍ୟଫ୍ୟୁଡ୍ନେମ୍ଫ୍ୟୁ marijuana Contribution Statewide Loan 500000.00 Non-Monetary Other New York 10019 Contribution ID: 1385745 NO: 62 Reference No: Independent 0.00 X Support Oppose Expenditure **SUBTOTAL \$**

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

| INDEPENDENT EXPENDITURE COMMITTEE AN |
|--------------------------------------|
| MAJOR DONOR COMMITTEE STATEMEN |

| Statem | nent covers period 07/01/2016 | CALIFORNIA FORM | 461 |
|-----------|----------------------------------|--------------------|-----|
| | 12/31/2016 | 3/3 | |
| through _ | 12,01,2010 |] 3/3 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FUND FOR POLICY REFORM

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made (If more space is needed, use additional copies of this page for continuation sheets.)

DESCRIPTION OF CANDIDATE AND OFFICE. **CUMULATIVE AMOUNT** NAME AND ADDRESS OF PAYEE AMOUNT THIS DATE TYPE OF PAYMENT **PAYMENT** MEASURE AND JURISDICTION, **RELATIVE TO THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (IF OTHER THAN MONETARY OR COMMITTEE CANDIDATE, MEASURE, CONTRIBUTION OR LOAN) OR COMMITTEE 09/27/2016 Contribution Statewide Loan 500000.00 10019 Non-Monetary Other New York NY Contribution ID: 1385745 Reference No: NO: 66 Independent 0.00 Support X Oppose Expenditure Fund for Policy Reform Nonprofit 501(c)(4),sponsorate by reand for Policy Reform, Yes on Prop তি প্রক্রিটারে ক সূত্র মুগ্র মু 10/07/2016 g on Initiatives and Referendum Contribution Loan 200000.00 Non-Monetary Other New York NY 10019 Contribution K & I ID: 1385745 Reference No: NO. Independent 0.00 X Support Oppose Expenditure Fund for Policy Reform Nonprofit 501(c)(4),sponsofed by เอียง by เอียงประชา Marijuana 10/14/2016 Contribution Statewide 500000.00 Loan Non-Monetary Other 10019 New York Contribution ID: 1385745 Reference No: NO: 66 Independent 0.00 Support X Oppose Expenditure Fund for Policy Reform Nonprofit 501(c)(4), sponsored by reand for Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform of Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Propositional Spenses 1868 64, K, and L and No control of the Policy Reform, Yes on Proposition 1868 64, K, and L and No control of the Policy Reform, Yes on Proposition 1868 64, K, and L and No control of the Policy Reform, Yes on Proposition 1868 64, K, and L and No control of the Policy Reform, Yes on Proposition 1868 64, K, and L and No control of the Policy Reform 1868 64, K, and L and Reform 1868 64, K, and Reform 186 10/19/2016 66,iନ୍ୟଫ୍ୟୁଡ୍ନେମ୍ଫ୍ୟୁ marijuana Contribution Statewide Loan 1000000.00 Non-Monetary Other New York 10019 Contribution ID: 1385745 NO: 57 Reference No: Independent 0.00 X Support Oppose Expenditure

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

5170000.00

SUBTOTAL \$